



Enrolment Amendment Form

University Drive, Mount Helen P O Box 663 Ballarat, 3353 Victoria, Australia
Telephone: 03 5327 9000 Facsimile: 03 5327 9704

Course Code

Student ID No.

At which Provider Location are you currently studying at: _____

Surname	First Given Name	Other Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. ADD UNIT TO CURRENT YEAR'S PROGRAM

Year / Teaching Period	Unit Code	Unit Name	Provider Term	Payment Option	Fund Source	Unit Start Date	Unit End Date	Office Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If any of the units you are adding is an elective unit undertaken outside your School, please obtain verification from that School that a place is available for you in your chosen unit.

Unit Code: _____ Availability of place verified: _____ Date: ____/____/____

2. DELETE FROM CURRENT YEAR'S PROGRAM

Teaching Pd*/Year	Unit Code	Unit Name	Provider Term	Payment Option	Fund Source	Unit Start Date	Unit End Date	Office Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. COMMENTS

Teaching Period Census Dates: **TP 0:** 28 February **TP 1:** 30 March **TP 2:** 31 May **TP 3:** 31 August **TP 4:** 14 December **TP 9 (full year unit)** 31 May
Please note 20% rule

4. DECLARATION

I agree that the date of amendment will be taken as the date this form is lodged at the School Office or at Student Administration. I also understand that I will not be entitled to a refund or credit of any fees or HELP debt if this form is lodged at Student Administration after the relevant unit census date. I authorise the School or Student Administration to amend my program as indicated, effective from the date this form is lodged.

Commonwealth Supported Students: I have accessed my Student Learning Entitlement (SLE) and believe I have adequate SLE to cover the EFTSL value of units listed on this enrolment amendment form.

Student Signature

Head of School/Course Co-ordinator - Print Name

Date: ____/____/____

Head of School/Course Coordinator - Signature

Date: ____/____/____

OFFICE USE ONLY:

Record updated by: <input type="text"/>	Comments: <input type="text"/>	Date lodged at Student Admin: <input type="text"/>	Distribution White: Student Admin Blue: School Yellow: Student
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